

FACILITY SCREENING QUESTIONNAIRE

****NOTE****The letter "B" brackets [B] in many of the variable names is a token that represents one of 7 possible letters that could be found in this position. The letters represent the section of the facility being asked about, and follows the lettering system defined in Question 1 (e.g., B=Assisted Living, C=Congregate Care, etc.) Not all letters in the list are represented since some units were ineligible for continued questions.

1. Is this a facility that provides multiple levels of care, such as nursing home, assisted living, residential care, or independent living at the same location?

- 1 YES (GO TO MULTI1@01)
- 2 NO

2. Which of the following types or levels of care does your facility offer?

YES=1 NO=2

YES/NO

- a) licensed nursing home
- b) assisted living
- c) congregate apartments/congregate care
- d) independent living/independent apartments
- e) board and care/personal care/residential care
- f) continuing care retirement community or life care community
- g) designated Alzheimer's Special Care Unit in a residential care
or assisted living section of the facility
- h) designated Alzheimer's Special Care Unit in a licensed
nursing home
- i) rehabilitation hospital/subacute care unit
- j) hospital
- k) Other (SPECIFY)

FOR EACH OF THE ABOVE TYPES OF CARE THE FACILITY SAYS THEY OFFER (THAT WE ARE INTERESTED IN) WE WILL ASK THE FOLLOWING:

3. How do you refer to this assisted living section? (Or congregate care, or independent living)

1. Excluding any nursing home beds, do you have 11 or more beds in (the) NAME OF TYPE OF CARE SPECIFIED ABOVE (section)?

- 1 YES
- 2 NO (SKIP to end of interview)

3. Excluding any nursing home residents, are at least half of the residents 65 years of age or older?

- 1 YES
- 2 NO (SKIP To END OF INTERVIEW)

4. Do you refer to (the) (SECTION NAME FILL) (section) as an assisted living facility or do you advertise that you provide assisted living services in that section ? This includes such things as having the phrase assisted living in the name of the facility or in any advertisements about what the (section/facility) provides.

- 1 YES
- 2 NO

I am now going to ask about specific services the (SECTION NAME FILL) (section) may offer. Please tell me whether you regularly provide or arrange for their provision with an outside agency. By "arranging," we mean that you have a formal contract with the agency or that the facility takes responsibility for helping the resident arrange to receive the service. That would include identifying resident needs, contacting an agency or provider, and monitoring the performance of the service. "Regularly" means not on an ad hoc basis or for only one special resident.

5a. Do you *regularly* provide or arrange... [Yes = 1 No = 2]

IF THE RESPONDENT SAYS "YES" FOR A SERVICE, ASK:

5b. Do you *provide* this service with staff who work for the facility or do you *arrange* the service with an outside agency?

Services YES(1)/NO(2) PROVIDE(1)/ARRANGE(2)/BOTH (3)

- a. housekeeping.....
- b. at least two meals per day.....
- c. three meals a day.....
- d. 24-hour direct care staff who can respond to resident's needs for assistance or monitoring.....
- e. medication reminders to residents.....
- f. central storage or assistance with self-administration of medications.....
- g. assistance with bathing.....
- h. assistance with dressing.....
- i. any care or monitoring by a licensed nurse (i.e., an RN or LPN/LVN).....
- j. any therapy services (e.g., speech, physical, occupational therapy).....

6. How long has (the) (FACILITY NAME FILL) (section) been in operation?

IF LESS THAN 1 YEAR, CODE 00 FOR YEARS AND INDICATE NUMBER OF MONTHS. IF RANGE GIVEN, ACCEPT THE LOWEST ESTIMATE.

_____ YEARS _____ MONTHS

IF IN BUSINESS FOR LESS THAN 3 MONTHS, STOP AND GO TO "GOODBYE."

6a. ☒ Can you answer some more detailed questions about services and accommodations in (the) (SECTION NAME FILL) (section) or should I contact someone else?

- 1 I can answer
- 2 Contact someone else

INTRODUCTORY STATEMENT TO BE READ BEFORE Q9. FOR ONLY THOSE WHO ANSWER Q.7B.

In your responses to the next questions, consider only those beds or units identified as part of (SECTION NAME FILL).

- 9a. How many beds are currently in operation or available for residents in the (SECTION NAME FILL) (section) ? NOTE: SHOULD BE AT LEAST 11.

- 9b. How many residents are currently living in (the) (SECTION NAME FILL) section?

: _____

11. Do any of the resident bedrooms (including those in apartments) house more than 2 unrelated people?

1 YES

2 NO

- 12a. Now, I'd like to ask you about the type of accommodations you provide in (the) (SECTION NAME FILL) (section). By "apartment," we mean a bathroom, bedroom, living room, and kitchen or kitchen area. A studio apartment is also included. Are any apartments in (the) (SECTION NAME FILL) (section)?

1 YES

2 NO (SKIP to Q. 13a)

- 12b. What is the total number of apartments in your facility?

- 12c. Please tell me the number of your accommodations that are described by the following:

Apartment Type	Number
One bedroom apartment, single occupancy	
One bedroom apartment, shared occupancy	
Studio apartment (one room w/living and sleeping area), single occupancy	

Studio apartment, shared occupancy	
Two bedroom apartment, single occupancy	
Two bedroom apartment, shared occupancy	
Other type of apartment (DESCRIBE) _____	

12d Do all apartments have a full bath, by which we mean sink, toilet, and either a tub or shower? (SOME PEOPLE CALL SINK, TOILET AND A SHOWER A 3/4 BATH. THAT COUNTS AS A FULL BATH HERE.)

- 1 YES
- 2 NO

13a. Are any of the living units in (the) 9SECTION NAME FILL) (section) only bedrooms (rather than apartments)?

- 1 YES
- 2 NO (SKIP to Q. 14)

13b. What is the total number of bedrooms (not counting those in apartments)?

- 13c. Please tell me the number of your accommodations that are described by the following: *(Semi-private means shared by only two people.)*

Accommodation Type	Number
Single occupancy bedroom and private full bathroom (<i>shower or bath tub</i>)	
Single occupancy bedroom and private ½ bath (<i>toilet and sink only</i>)	
Single occupancy bedroom and semi-private full bathroom (<i>shower or bath tub</i>)	
Single occupancy bedroom and semi-private ½ bath (<i>toilet and sink only</i>)	
Semi-private bedroom (<i>2 people</i>) and full bathroom shared only by roommates	
Semi-private bedroom (<i>2 people</i>) and ½ bathroom shared only by roommates	
Semi-private bedroom and full bathroom shared by two rooms	
Semi-private bedroom and ½ bath shared by two rooms	
Semi-private bedroom and communal bathroom (<i>shared by more than 2 rooms</i>)	
Bedroom shared by three or more unrelated people	
Other bedroom type (DESCRIBE)	

14. We are also interested in learning if you have any "heavy care" residents, that is those who require significant help with certain activities of daily living or ADLs. This week, approximately what percentage of your residents receive hands-on help from staff with ANY of the following ADLs:

- getting around inside the facility (either walking or using a wheelchair with assistance);
- using the toilet;
- transferring, that is moving from a bed to a chair or to standing; or
- eating

Percentage of residents: _____

15. We would also like to know if you are serving persons with moderate to severe cognitive impairment. This means that residents have short-term memory problems or poor ability to make decisions about their daily lives.

This week, approximately what percentage of your residents are cognitively impaired?

Percentage of residents: _____

- 16a. Do you have a Registered Nurse (RN) on staff who works at least 40 hours per week? This includes contract staff.

- 1 YES (*SKIP to Q. 17*)
2 NO

- 16b. Do you have an RN on staff who works less than 40 hours per week?

- 1 YES
2 NO

17. Do you have a Licensed Practical or Vocational Nurse on staff who works 40 or fewer hours per week? This includes contract staff.

- 1 YES
2 NO

Some facilities have policies about the level of disability they can serve. The next questions are about whether you would admit residents with certain problems and whether you would retain residents who develop these conditions.

FOR EACH CONDITION, READ BOTH QUESTIONS

18a Will you admit a resident that:

18b Will you retain a resident that:

1-YES 2-NO 3-DEPENDS

CONDITION	18a.ADMIT YES/NO/DEPENDS	18b.RETAIN YES/NO/DEPENDS
a. Has a behavior problem (e.g., wandering, socially inappropriate behavior).....		
b. Has urinary incontinence.....		
c. Needs nursing care or monitoring by an RN or LPN.....		
d. Uses a wheelchair to get around.....		
e. Receives help getting around the facility (walking or using a wheelchair).....		
f. Receives help transferring from bed to chair or wheelchair.....		
g. Has moderate to severe cognitive impairment.....		

19. Will you retain a resident who requires temporary nursing care, for example for a condition like flu that is expected to last less than 14 days?

1-YES 2-NO 3-DEPENDS

20. Will you retain a resident who needs longer term nursing care (e.g., for more than 14 day)?

1-YES 2-NO 3-DEPENDS

21. In the last 6 months have any residents been discharged because they needed nursing services?

1 YES

2 NO

22a. Do you have multiple rates?

1 YES (*SKIP TO Q.23a*)

2 NO

22b. What is your monthly rate?

\$ _____ (*SKIP TO End of interview*)

23a. What is the lowest monthly rate that you charge for "assisted living"?

\$ _____

23b. What is the highest monthly rate that you charge for "assisted living"?

\$ _____

23c. What is the most common monthly rate that you charge for "assisted living"?

\$ _____

IF THERE ARE NO OTHER SECTIONS TO ASK ABOUT:

Those are all the questions that I have for you. Thank you very much for your assistance.

IF THERE ARE OTHER SECTIONS TO ASK ABOUT, GO BACK TO 6a